

**MULTIPLE DEFENDANT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

**SERIAL NO.**

**FILING DATE**

**APPLICANT(S)**

10/578451

## **CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	3					
TOTAL DEP.	18					
TOTAL CLADCS	9					

R E P.		AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
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	98						
	99						
	100						
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							